PHIMS User Group
Radisson Gateway Hotel SeaTac
August 18, 2005

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Facilitator: Chris Halsell (DOH-WEDSS)

Members Present: Barbara Andrews (Epidemiology Yakima); Dana Brainard (CD Kitsap);Chas Debolt (Epidemiology Sea-King); Jeannie Knight
                     (Epidemiology, Thurston)Allison Schletzbaum (CD, Yakima); Barbara Riehm (CD, Clark); Leanne Gilmore (Cowlitz); Blair Richards
                     (Epidemiology Snohomish); Monica Raymond (Tacoma-Pierce).

CD-EPI: Donna Duffy; Marcia Goldoft; Phil Lowe.

Others:

WEDSS Staff: Andrea Cotey; Shelby Minchau.

Time	Topic	Presenter / Facilitator, Description, Notes
9:00-10:00	Welcome & Introductions Agenda Review PUG chair role review and discussion Update on development, training, & development Case transfer function	**Chris Halsell** Chris Halsell called the meeting to order. Agenda was reviewed. The minutes from the last meeting were received and no corrections noted. Barbara Riehm would like to see what changes will be in the next version so the PUG will know what to expect. Chris Halsell and Andrea Cotey suggested arranging for a PHIMS developer to attend the next in person PUG meeting and go over the changes. **Case Transfer Function** **Discussion:** What is holding up the function being turned on? One concern is when a case is transferred the case will go to a quasi random investigator since the application does not currently support an account\ role to "transfer in" the case. The Group also discussed who in the LHJ should have the ability to transfer a case. Also discussed was the occurrence of when a disease case investigation initiated by one county and subsequently the patient is found to reside in another county. The discussion was whether within PHIMS a county initiating a case should transfer the case to the county that has jurisdiction over the case. **Decision:** - The Group agreed the Transfer function should be turned on - The Group agreed to allow all investigators to be able to transfer cases - The Group agreed an investigator should transfer the case to the county that has jurisdiction and keep paper copies if they want to keep a record of the work done **Action Item:** WEDSS CSC will provide users with Transfer Procedure document and turn on the transfer function for PHIMS supervisors and investigators. **Responsible Party:**

Andrea Cotey and Chris Halsell

Enhancement Request:
Chas Debolt requested an enhancement to have a generic administrator that would get the transfer case and who would assign the case to the appropriate investigator.

2.1 version release scheduled for early October will include:
- Rapid Data Entry enhancements (does not included August, 2005 PUG Workgroup recommendations)
    o Save button will scroll as you move down the screen
    o Vaccination details included on Rapid Data Entry screen
    o Prophylaxis/Treatment details included on Rapid Data Entry screen
    o Cosmetic changes to improve viewing and data entry
    o Added exposure timeline
    o Added "OK to talk to patient"

- Reports (chosen and prioritized by PUG Workgroup)
    o View Case report improvements: corrections and additions including note fields
    o Queue Service-function improvements to assure exports and reports are handled properly

- Core export file

- Content corrections and additions (WCD observation changes):
    o Add measles, rash illness with fever, rubella, other condition, neurologic syndrome
    o Corrections and changes to match disease\condition paper forms
    o Hospital list complete and cleaned up
    o Serotype and species dropdown lists corrected and completed
- Data dictionary (priority is core export record)

- DOH
    o CD-Epi reports not included in version 2.0.1 release
    o Duplicate cases function

- Miscellaneous
    o Cleanup of screens (i.e. remove grayed out fields)
    o Date masking and labeling
    o LHJ Notification date required field on New Case Screen

Barbara Riehm-COMDIS Conversion findings on LHJ notification date
Export dump took 25 minutes.
Analysis research – regarding the COMDIS data that has been converted, she found that 6,600 cases did not have an LHJ notification date. It is more likely you will have an onset date populated than a notification date. This is an issue for doing analysis since notification date is the only required field in PHIMS. WEDSS programmers will update the notification date for counties in Region 4 as follows: if notification date = 1/1/1901 (previous PUG decision) and CDC week < 27 then notify date = 1/1/CDC year; if CDC week > 27 then notify date = 7/1/CDC year.

		Action Item: Chris Halsell made a suggestion that WEDSS looks into this issue and provide options for LHJ's. **Responsible Party:** Andrea Cotey
10:00- 10:05	Update Chronic Hepatitis	**Chris Halsell** The chronic hepatitis information for inclusion into PHIMS is at DOH with the chronic hep people.
10:05- 10:15	Non-scheduled Break	
10:15- 11:10	NC reporting forms	**Donna Duffy and Marcia Goldoft** **Changes requested to forms requiring PUG approval.** **Rabies PEP form** **Proposed:** Add a subdetail to the observation "Injury or exposure circumstances": "Other persons exposed to animal" (Y,N,DK,NA), and a box to add the number of persons exposed. **Decision:** Add the first item but don't add the "number of people exposed" component (may lead to inflated estimate of exposed individuals, since each exposed should generate a case/form). Also, add an observation to Pt Tx/Proph: "Did case receive full series of PEP? If no, reason: [2 checkboxes] Animal tested negative for rabies & Other, specify: _____" **All NC forms (example of proposed changes displayed on Hep, Unspecified form):** **Proposed:** Exposure section changes decided by work group **Decision:** Need more time, vote on this at next meeting. **Salmonella form** **Proposed:** Change to first question in PH Actions section **Decision:** Wording to be changed to "Consider excluding from..." **Vibriosis** **Proposed:** In Lab section, "Non-toxigenic *V. cholerae*" to replace "Non-01, ..." **Decision:** Approved Discussion on changes to NC forms and how they affect the data in PHIMS.
10:45- 12:00	PHIMS changes	**Blair Richards, Andrea Cotey, Phil Lowe, & Chris Halsell** **Discussion and decisions based on workgroup session held on Aug. 8th-9th** Work session day 1 (PHIMS screens): reviewed "Day 1" attached document. Allison Schletzbaum recommended a second reporter text field be added. There was not a quorum to vote on the changes.
12:00- 1:00	Lunch	
1:00- 2:30	PHIMS changes cont.	Work session day 2 (Reports): reviewed the reports selected and prioritized during the workgroup session. The PUG attendees did not fully accept the workgroup's decision so additional review and changes were made before coming to an agreement. The agreed upon changes are attached as document "Case Management Reports" and "Summary Reports". There was not a quorum to vote on the changes.

		Action Item: write up issue to be voted upon and distribute to member **Responsible Party:** Andrea Cotey and Chris Halsell **Reviewed what the PHIMS Workgroup Session went over** The workgroup attendees decided to make the recommendations to make the over all look of PHIMS more user friendly. This work will become a standing agenda item. **Next Meeting**: Provide recommendations to include in the field Contact Types (e.g. food worker, child care worker) – within the Contact Section.
2:30- 3:00	For the good of the order New business	**ALL**
3:00	Adjourn	
	Handouts	**Agenda** **PHIMS work group session notes** **Summary Reports** **Case Management Reports** **Paper forms**
	Summary of action items	**Action Item:** WEDSS CSC will provide users with Transfer use document and turn on transfer function for supervisors and investigators. **Responsible Party:** Andrea Cotey and Chris Halsell **Action Item:** Chris Halsell made a suggestion that WEDSS looks into this issue notify date issue and give the PUG the options to make a decision on this issue. **Responsible Party:** Andrea Cotey **Action Item:** For developers to come up with reports format for case management (10-12) lines **Responsible Party:** Andrea Cotey and developers **Action Item:** PUG would like a developer to attend PUG meetings once in a while. **Responsible Party:** Chris Halsell **Action Item:** Add long-term PUG changes as standing agenda item. **Responsible Party:**

		Chris Halsell **Action Item:** At the Next PUG meeting please provide definition on the Contact Type field **Responsible Party:** PUG members
	Supporting attachments	Summary Reports Case Management Reports August 2005 Work session – PHIMS screen changes
	Agenda items for next meeting (in addition to standing items)	**Next meeting will be via iLinc video conferencing** **Contact Type field** **October PHIMS version 2.1 release**

PHIMS User Group (PUG)
Meeting Schedule
January 2005 to December 2005
Revised 9/1/05

		In Person Meeting	Phone Conference
2005			
	January 20		X
	February 17		X
	March 17	X	
	April 21		X
	May 19		X
	June 16	X	
	July 21		X
	August 18	X	
	September (TBD)		
	October 20		X
	November 17		X
	December 15	X	

The PUG meetings are the third Thursday of each month. In-person at the Radisson Gateway Hotel, SeaTac.

Summary Reports

Selection Criteria:

Status   ↑Complete↑Unable to Complete↑Investigation in Progress↑In Prog but CDC reportable
Classification ↑Confirmed↑Probable↑Suspect↑Ruled Out↑Not Reportable

County   (Dropdown)
Condition   (Dropdown)
Month   enter value
Year   enter value
Gender   (Dropdown)

Onset Date   Start: _____   End: _____   Last 30 days↑ Last 90 days↑
Diagnosis Date Start: _____   End: _____   Last 30 days↑ Last 90 days↑
LHJ Notification Date   Start: _____   End: _____   Last 30 days↑ Last 90 days↑

Sort Order:
↑

Generic Report Heading Format

Criteria 1	value	Report Title
Criteria 2	value	Washington State PHIMS
Criteria 3	value	
Criteria 4	value	

YTD - THREE YEAR SUMMARY – by individual county
By selecting the above criteria **month** and **year**

	Cases Reported in May			Cases Reported through May			Total Cases Reported	
Condition	2005	2004	2003	2005	2004	2003	2004	2003
Giardiasis								
Hepatitis A								
Hepatitis B								
Hepatitis C								
Hepatitis Unspecified								
Lyme Disease								

(Run for a specific County/Month)

MONTHLY SUMMARY BY YEAR – by county for 5 years

Giardiasis															
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	Total	Rate
2001	22	17	25	26	26	25	42	43	21	31	25	17	183	320	18.42
2002	24	22	19	25	34	26	29	35	25	25	34	27	179	325	18.48
2003	16	18	14	16	26	19	33	24	30	28	24	14	142	262	17.44
2004	17	14	17	21	21	31	20	37	22	26	17	21	141	264	17.31
2005	13	17	32	19	27	36	33	6					180	180	0.0

(List all years, even if blank, visually highlight data points; rate column = rate per 100,000 population)

Workload Summary

Investigator	Condition	Cases	
		Assigned	Complete
Andrea Cotey	Animal Bites	4	5
	Campy	5	4
	Shigella	2	5
	Total	11	14

General Comments:

Suppress zeros except on total lines.
Text format reports? (Want to put into Excel to graph)
Add regional attribute to county

Case Management Reports

Selection Criteria:

County   (Dropdown)
Investigator   (Dropdown)
Status   ↑Complete↑Unable to Complete↑Investigation in Progress↑In Prog but CDC reportable
Classification   ↑Confirmed↑Probable↑Suspect↑Ruled Out↑Not Reportable
Condition   (dropdown)

Onset Date   Start: _____   End: _____   Last 30 days↑   Last Calendar Month↑
Diagnosis Date Start: _____   End: _____   Last 30 days↑   Last Calendar Month↑
LHJ Notification Date   Start: _____   End: _____   Last 30 days↑   Last Calendar Month↑

Sort Order:
↑By Condition / Species / Serotype
↑By Investigator / *LHJ Notification Date
↑By *Onset Date / Last Name
↑By LHJ Notification Date / Last Name
↑By LHJ Status / *LHJ Notification Date

*date order ascending (earliest date first)
Last 30 days = current date minus 30 days
Last Calendar Month = previous month

Generic Report Heading Format

Criteria 1	value	**Report Title**
Criteria 2	value	**Washington State PHIMS**
Criteria 3	value	
Criteria 4	value	

Case Line List – Legal size (group voted to omit (if necessary) in the following priority order: ID, LHJ Outbreak, City, age, species, (then we're into a bunch of 2 count votes); users do not want a wrapped\stacked column listing

Disease	SeroType	Species	ID	Last, First	DOB	Age	City	ZIP	LHJ Outbreak ID	LHJ Classification	L S
Shigellosis	Boydii	1	53053-5203-0001	James, Michael	10/15/1981	24	Yelm	98510	F101	Confirmed	I in

Case Line List - letter size
Disease, LHJ Investigator, Last name, First Name, DOB, ZIP, LHJ Classification, Onset Date, LHJ Notification Date

CONTACT LINE LIST

PHIMS ID	Condition	Last Name	First Name	LHJ Investigator			
500-0507-0000	Campy	Easy	Over	XYZ			

	Name	DOB	age	phone	contact type	symptomatic	Rx	No
	Gordon, Michael	01/01/89	16	000-0000	Family	No	N	Br
	Gordon, Shirley	01/01/93	12	555-0000	Family	Yes	R	Sis sn

(RX field note not created yet – may be able to make it a WCD entry; there is currently in PHIMS a sticky note for each contact)
This report is also selected for a single case

CLASSIFICATION AUDIT REPORT

PHIMS ID	Condition	LHJ Serotype/ Serogroup	DOH Serotype/ Serogroup	LHJ Species/ Organism	DOH Species/ Organism	LHJ Classification	DOH Classification	LH No Da
53053-5203-0001	Campy	Cryaerophila	Cryaerophila			Confirmed	Probable	07

This is an exception report; entries appear when a mismatch occurs between an LHJ and DOH field displayed in the column header (including a null field vs a completed field)
(Skip records with no First DOH visibility date?)

TIMELINESS AUDIT REPORT

Condition	Onset	Diagnosis	LHJ Notification Date	First DOH visibility Date	Case Completed Date
Campy	5	3		15	13
Shigella	4	2		13	8

(This is a summary type report. The numbers represent the average days between the listed date and the LHJ Notification Date)

General Comments:
- Group dates
- Order in chronological order
- Need to add Investigator initials to the PHIMS database

Purpose: Review and update business requirements for the following sections of PHIMS (Contact, Lab, Reporter, Intervention); create specifications on reports and prioritize the implementation (a request for sample reports was made through the LHJ-Regional EPI List serve). The discussion expanded to a full review of the PHIMS screens and fields. The recommendations are documented below, and will be presented for finalization by Blair Richards (PUG Chair) at the PUG meeting on Aug. 18th, 2005.

Attendees:

LHJ: Blair Richards (Snohomish, Reg 1), Jesse Russell (Snohomish, Reg 1), Holly Hunt (Snohomish, Reg 1); Dana Brainerd (Kitsap, Reg 2); Jeanie Knight (Thurston, Reg 3); Barbara Riehm (Clark, Reg 4), LeAnne Gilmore (Cowlitz, Reg 4); Laurie Stewart (King, Reg 6); Barbara Andrews (Yakima, Reg 8), Mark Springer (Spokane, Reg 9)

LHJ's not present:
Tacoma-Pierce (Reg 5) – Monica Raymond provided sample reports but was unable to attend
Region 7 – no sample reports were submitted

DOH CD EPI: Marcia Goldoft, Judy May, Donna Duffy, Amynah Janmohamed, Phil Lowe

WEDSS: Andrea Cotey, Amina Ahmad

1. Starting point discussion …discussed the benefits of automating the business of notifiable conditions:
- Sharing data/case info with co-workers
- Standardization
- Timeliness of reporting (DOH)
- Tracking time spent on cases not reported to DOH
- Case Management
- Data Analysis
- Quick/efficient for queries and reports instead of counting from paper forms
-
Decision – all agreed the business would benefit from an automated system

2. **Recommended changes to PHIMS screens and fields**
Emphasis on mimicking disease\condition reporting forms
- Reporter Section replaced with four entries on the Rapid Data Entry screen
    o Reporter name – single text field
    o Reporter phone – single text field
    o Primary HCP name – single text field
    o Primary HCP phone – single text field

- Intervention Section – all observation questions should be on Rapid Data Entry Screen
    o Remove Vaccination (individual records)
    o Remove Treatment (individual records)

- Exposure – all observation questions should be on Rapid Data Entry Screen
    o Remove section and include disease\condition paper form changes

- Clinical – all observations and "hard code" fields should be on Rapid Data Entry Screen
    o Remove section

TAB - Rapid Data Entry Screen (RDE)
- Disease paper form front page
    o Add missing fields from Patient Section to RDE (race, ethnicity, age, age type, school, grade)
    o Include Case Administration fields
        - Investigation start date
        - Outbreak ID – new single text field
        - LHJ Classification
        - Initial Report Source and Other source
        - All Report Sources
        - Investigation status
        - Notification Date

- Disease paper form back page
    o Include Case Administration fields
        - Investigation complete date
        - Investigation record complete date
    o DOH Fields – leave at bottom of RDE

TAB - Contacts

- o Change the style of data entry to a grid \ spreadsheet
- o Field changes
  - **Keep**
    - Contact last name, first name
    - Age
    - Date of birth
    - Recommended prophylaxis (yes, no, don't know, not asked\not answered)
    - Phone #
    - Type of contact (i.e. childcare, food worker, household)
    - Symptomatic (yes, no, don't know, not asked\not answered)
    - Notes

  - **Add**
    - RX (e.g. prophylaxis recommended, treated, not recommended) new field

  - **Remove**
    - Gender
    - Relationship Type (e.g. friend, household member)
    - Language
    - Translator Needed
    - Occupation
    - Parent Info
    - Employer/worksite
    - Name of school
    - Grade
    - Room location
    - Residence
    - Address
    - Interviewed patient (y,n)
    - Tested (y/n)
    - Did contact receive hygiene education (y,n)
    - Is contact a diapered child? (y,n)
    - Was contact hospitalized? (y,n)
    - Was contact exposed to patient? (y,n)

TAB - Lab
- o critical fields to map from PHRED to PHIMS
- o modify Lab tab in the face of PHRED (down the road)

TAB – Administrative functionality and Multiple Records – multiple or singular tab based on technical considerations
- Patient:
    - o Ability to add multiple hospitalizations → keep drop down list
    - o Ability to add multiple addresses
    - o Ability to add multiple phone #'s
    - o Ability to add alias'

- Functionality within Case Administration tabs
    - o Investigator Assignment
    - o Report Now
    - o Change Disease
    - o Transfer
    - o Delete a case
    - o Reassign a case

TAB
- **Notes** – no change